

2617

PTO/SB/81 (07-08)

Approved for use through 12/31/2008. OMB 0651-0035

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OR  
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Application Number	10/087,713
Filing Date	03/01/2002
First Named Inventor	Samir Lehaif
Title	Method for Conducting Mobile Communications for a Net
Art Unit	2617
Examiner Name	Sharad K. Rampuria
Attorney Docket Number	30610-701-202 9200.02

I hereby revoke all previous powers of attorney given in the above-identified application.

- ☒ A Power of Attorney is submitted herewith.
- ☐ OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
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Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Galvin Patent Law, LLC			
Address	P. O. Box 2360			
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Country	United States			
Telephone	360-830-0641	Email	brian@galvinpatentlaw.com	

I am the:

☐ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

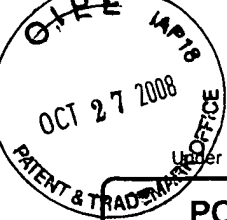
Signature		Date	
Name		Telephone	
Title and Company			

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

~~Brian R. Galvin / #50,966~~

OR

☒ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number
BRIAN R. GALVIN	50,966		

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:



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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Galvin Patent Law, LLC		
Address	PO Box 2360		
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Assignee Name and Address:

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20401 Stevens Creek Drive  
Cupertino, CA 95014

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	23 September 2008
Name	Cary FitzGerald	Telephone	408 200 5199
Title	VP of Engineering and Product Management / Secretary		

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